

After a while, the trillions of dollars millions of families spend start to add up. Our country spends on health care twice as much per person than any other developed nation on the planet. Health care costs consume almost 20 cents of every dollar we spend. That is of every dollar spent in America. If we do not act, in a generation it will consume more than one-third of every dollar.

You may be fortunate enough to afford health care this year, but if we do not act, you may not be able to say the same next year. If we do not act, your children will likely not be able to say the same when they grow up.

Last Thursday, I was in an event with Senator MURRAY, where she got notice from the State of Washington that 135,000 people who are beneficiaries of a health insurance plan in her State got a notice that the average rate of increase to the 135,000 recipients of health care in that plan will have an increase on an average of 17.5 percent.

Staggering. We have all read the charts and seen the numbers repeated by those who oppose fixing our broken health care system. There are charts and there are conversations all toward maintaining the status quo, keeping things the way they are. But it is as if they have not bothered to do the math on the costs of doing nothing.

Health care reform is economic reform. That is why we want to lower skyrocketing costs and bring stability and security back to health care. That is why we are committed to passing a plan that protects what works and fixes what does not. I am encouraged by the cooperation and commitment of several Republican Senators willing to work with us to get that done and to get it done before it is too late.

I appreciate the tireless work of our Finance and HELP Committees, Democrats and Republicans, as they write a prescription for America that will work. I had a call last night about 10 from CHRIS DODD, indicating the progress that has been made in the HELP Committee.

Republicans have offered hundreds of amendments—hundreds of amendments—and they are working their way through those. Those Republican amendments sometimes improve the legislation. For example, Senator DODD said he was very pleased they were able to work something out on biogenerics—that is a prescription physicians get—and there is some real activity out there as to how that is going to be treated.

An amendment offered by Senator HATCH was adopted by the committee. I appreciate the work of our Finance and HELP Committees as they write a prescription for America that will work.

I still aim to bring the bill to the floor this month, but it appears somewhat to ignore the doctor's orders. I wish I could say they do so at their own peril. Yet if a handful of Senators stand in the way of the change we so drastically need, urgently need, they

will endanger not just them but all of us. They will endanger families of every background, businesses of every size, and our Nation's collective future.

We have already seen what happens when we do nothing. Over the past 8 years of inaction, the cost of health care rose to record levels, and the number of Americans who cannot afford insurance did the same. Senator PATTY MURRAY's story is certainly relevant. For the 135,000 people in the State of Washington, a 17.5-percent increase, on average, of their policies, is what they have to pay.

For the millions of families who file for foreclosure because they cannot afford both their house and health care, not acting is not an option. For the millions of Americans who file for bankruptcy because their medical bills grow higher and higher and higher, not acting is not an option. For the millions of Americans who have skipped a doctor's visit or treatments they need to stay healthy or who never fill a prescription their doctor gives them because health care is simply too expensive, not acting is not an option.

Our health care system is not healthy. Americans' physical health and America's fiscal health are at stake, and not acting is not an option.

RECOGNITION OF THE MINORITY LEADER

The ACTING PRESIDENT pro tempore. The minority leader is recognized.

HEALTH CARE WEEK VI, DAY II

Mr. McCONNELL. Mr. President, as both parties work together on reforming health care, Americans have been clear about what they want to see in a result. Americans want health care that is more affordable and accessible, but they also want to preserve the choice and quality that our current system provides.

We also know what Americans do not want. They do not want a government plan that forces them off their current insurance; denies, delays, and rations care; or costs trillions of dollars, only to leave millions of Americans with worse health care than they currently have.

And Americans certainly do not want us to throw together some patchwork plan that nobody has had a chance to look at, and then rush it out the door the way the stimulus bill was, just so politicians in Washington can say they accomplished something.

Americans are increasingly concerned about some of the proposals coming out of Washington, and they are concerned about the cost, about who gets stuck with the bill.

And they are concerned for good reason.

All the cost estimates we have seen for Democrat reform proposals have been staggering, and most of them only hint at what the true cost of these changes might be.

Moreover, some estimates claim to cover a 10-year period but actually only cover a 6 year period.

We also know from hard experience with programs like Medicare and Medicaid that government-run health plans are likely to cost far more in the long run than original estimates suggest.

And we have seen that with the current administration initial estimates and assurances are not always on target. Earlier this year, the Administration predicted the stimulus bill would keep unemployment below 8 percent. It is now approaching 10 percent.

So Americans are increasingly concerned about cost. This is why the advocates of government-run health care are scrambling for a way to pay for it. But in their rush to find the money, they have come up with some terrible ideas, such as forcing small business owners and seniors to pick up the tab through higher taxes and cuts to Medicare.

Let me repeat that: the advocates for government-run health care now want small business owners and seniors to pay for their plan through higher taxes and cuts to Medicare. This is exactly the wrong approach. Raiding one insolvent government-run program to create another is not reform. It is using old ideas to solve a problem that calls for fresh thinking. Medicare should be strengthened for future generations, not used as a piggy bank to fund more government programs.

As for tax hikes on small business owners, this is the last thing we should be doing to the people who have created approximately two-thirds of America's jobs over the past decade at a time when the unemployment rate is approaching 10 percent. According to the President of the National Federation of Independent Business, some proposals currently being considered in Congress could kill more than 1.5 million jobs. And there is strong evidence that low-wage workers, minorities, and women would be hardest hit. In the middle of a recession, we should be looking for ways to create jobs, not destroy them. We should be looking for ways to help workers, not hurt them.

Americans want health care reform. But they do not want so-called reforms that could cost trillions of dollars, that could increase insurance premiums, or that could cause millions to end up with worse care than they now have. And they certainly do not want a slapped-together plan that's paid for on the backs of seniors and small business owners.

Instead, Americans want us to work together on proposals that are likely to garner strong bipartisan support. I have listed many of these proposals repeatedly over the past several weeks, such as reforming medical malpractice laws to get rid of junk lawsuits and bring down costs, and encouraging wellness and prevention programs such as those that help people quit smoking and overcome obesity, programs that have already been shown to cut costs.

These are some of the commonsense ideas Americans are looking for on health care reform.

Health care reform will not be easy. But it does not have to bury our children and grandchildren deeper in debt when so far this year we're already spending an average of \$500 million a day in interest on the national debt. The proposal I have mentioned should be easy for everyone to agree on. They would lead to measurable results. And they would not force anyone to lose the care they have, see cuts to Medicare, or foist higher taxes on small businesses.

Americans are concerned about the cost of reform. We should work hard to assure them that we are too.

I yield the floor and suggest the absence of a quorum.

The ACTING PRESIDENT pro tempore. The clerk will call the roll.

The legislative clerk proceeded to call the roll.

Mrs. SHAHEEN. I ask unanimous consent that the order for the quorum call be rescinded.

The ACTING PRESIDENT pro tempore. Without objection, it is so ordered.

RESERVATION OF LEADER TIME

The ACTING PRESIDENT pro tempore. Under the previous order, the leadership time is reserved.

MORNING BUSINESS

The ACTING PRESIDENT pro tempore. Under the previous order, there will be a period of morning business for 1 hour, with Senators permitted to speak for up to 10 minutes each, with the time equally divided between the two leaders or their designees, with the majority controlling the first half and the Republicans controlling the final half.

The Senator from New Hampshire.

SUICIDE PREVENTION

Mrs. SHAHEEN. Mr. President, I rise today to speak about an amendment that I have filed to the National Defense Authorization Act of 2010. This amendment is to ensure that comprehensive suicide prevention services will be offered to our National Guard and Reservists as part of the Yellow Ribbon Reintegration Program.

Sadly, too often we hear about the death of an armed services member from an unnecessary and preventable suicide. Suicide has become an increasingly severe problem across the Armed Forces. For the first time in history, the number of battlefield suicides in early 2009 was higher than the number of combat deaths. I am pleased that the Defense Authorization Act we are considering supports increased efforts to prevent suicide among active duty personnel. However, there is currently no requirement that all National Guard members and communities have access

to a comprehensive suicide prevention program.

Even in the wake of suicides, Guard members are often called back to active duty and redeployed into dangerous and intense combat situations. Suicide devastates not only military families but also military communities and fellow soldiers. Currently, while active duty soldiers receive suicide prevention training programs, there are no established programs to train National Guardsmen and Reservists to prevent suicides when they return to their communities from deployment. And the families of Guardsmen and Reservists do not receive training under Yellow Ribbon to recognize the warning signs of suicide.

In Afghanistan and Iraq, we increasingly rely on our National Guard and Reservists. We see that first-hand in New Hampshire: Recently, more than 1,100 members of the 197th Fires Brigade, which includes units from Berlin, Franklin and Manchester, NH, received notice that they can expect to be deployed to the Middle East. Fortunately, when these soldiers return home from battle, they and their communities will have comprehensive suicide prevention training available to them. That is thanks to the initiative of New Hampshire's National Guard's pilot Program, the Connect Program, that has gone beyond the Yellow Ribbon Program.

To date, the Connect Program, which is administered by the National Alliance on Mental Illness in New Hampshire, has provided hundreds of officers, Chaplains and other Guardsmen with an interactive, community-based suicide prevention training. Through Connect, a Guard member who returns home from duty learns how to recognize the warning signs of suicidal behavior, how to respond to someone who shows those signs, and where to point that person to the services he or she needs.

But the program doesn't end with the Guard member. It also provides this training to the Guard member's community. The Guard member's commanding officers are trained to recognize suicidal tendencies in the soldiers who they command. Guard families, who often have no experience with mental illness and suicide, are also provided with that training. This is especially critical because, unlike active duty personnel, Guard members don't see their fellow soldiers every day when they come back from being deployed. Instead, they go back to their families and civilian communities, which simply aren't capable of recognizing the warning signs of suicidal behavior. The Connect Program fills a crucial gap because it uses interactive training to emphasize that mental health is a community responsibility.

The Connect Program also ensures that community members know how to cope with and respond to a suicide in the Guard community. People who know someone who has died by suicide

are statistically at increased risk of taking their own life. The program helps communities reduce that risk and promote healing in response to a suicide, which is an essential element of any suicide prevention program. Thanks to their effective work in response to suicides, Connect has been designated as a National Best Practice Program in Suicide Prevention and its work with the National Guard was recently recognized as a model program by the Substance Abuse Mental Health Services Administration in the Department of Health and Human Services, HHS.

But not all State National Guards offer such comprehensive suicide prevention programs after deployment. In the Army National Guard alone, there have been 29 confirmed suicides this year among Army Guardsmen who were not on active duty. I rise today because we need to extend these critical services across the country before even more soldiers fall through the cracks.

The Yellow Ribbon Reintegration Program has been a tremendously important and successful effort to transition our Guard members back to civilian life. However, these Guard and Reservist suicides have made clear that Yellow Ribbon is simply incomplete without an established, nationally implemented program that trains Guard members, communities and families to recognize the warning signs of suicide after deployment and to cope with the loss of a loved one.

Fortunately for us in New Hampshire, our National Guard identified that need early and went above and beyond Yellow Ribbon, creating a pilot program to ensure that the New Hampshire Guard community has the tools they need to prevent suicides when soldiers return from battle. Studies of the Connect Program have shown that people who receive this training feel particularly well-prepared to not only recognize the warning signs of suicide, but also to respond to suicides in their communities.

But others across the country may not be so fortunate. That is why this amendment would require the Office for Reintegration Programs to establish a program to provide these members, their families, and their communities with training in suicide prevention and community healing in response to suicide. The principals of the program would be modeled on the nationally recognized pilot program that has worked so well in New Hampshire.

I am pleased that the amendment is supported by the National Guard Association of the United States. Please join us in making these critical services a standard part of our outreach to National Guard members, families, and communities across the country.

Mr. President, I ask unanimous consent that a copy of the amendment be printed in the RECORD at this point.

There being no objection, the text of the bill was ordered to be printed in the RECORD, as follows: